

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|---------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 8 | 12-400 |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | 6-16-94 | 3-8 |
| | MD | 1955 | 05/19/01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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Best Available Copy